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## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	METHOD OF MANUF		ROUS INORGANIC STRUCTURES			
As the below named inventor(s), I/we declare that:						
This declaration is di	rected to:					
	The attached applicat	tion, or				
	Application No	,	filed on,			
	as amended on		(if applicable);			
I/we believe that I/we sought;	e am/are the original and first	inventor(s) of the subje	ct matter which is claimed and for which a patent is			
	and understand the contents of ally referred to above;	of the above-identified a	pplication, including the claims, as amended by any			
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.						
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF IN						
	obert M. Pilliar		Canada			
Signature:		Citizen of:	Callada			
	enshong Hong					
Signature:		Citizen of:	hinese			
Inventor three: J. Paul Santerre						
Signature:		Citizen of:	Canada			
		Oluzen ol				
Inventor four:						
Signature:	entors or a legal representative ar	Citizen of:				

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Applicati n Number	Intation driess it displays a valid CMB Condo Humber.
Filing Date	11 July 2003
First Named Inventor	Pilliar et al.
Title	MethodPolymers
Art Unit	
Examiner Name	
Attorney Docket Number	14396

I hereb	y appoint:					
×	Practitioners at Customer					
	R					
x	Practitioner(s) named belo	ow:				
		Name		Registration Nur	mber	
	Ralph A. Dow	vell	26868			
	Lynn C. Schu	ımacher	36413			
	Nancy E. Hil		41564			
	Wendy M. Sla	ide	53604			
	our attorney(s) or agent(s	) to prosecute the application identified	above, and to tran	nsact all business in t	the United States Patent and	
Please recognize or change the correspondence address for the above-identified application to:  The above-mentioned Customer Number:  OR  The address associated with Customer Number:						
	OR					
۲×	Firm or	Ralph A. Dowell DOWELL & DOWELL				
$\vdash$	Address	Suite 309 1215 Jefferson	Davis Hi	ghway		
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	Country	US				
	Telephone	703 415 2555	Fax	703 41	5 2559	
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name J. Paul Santerre						
Signature						
Date Telephone						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Total of3 forms are submitted.						

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Art Unit	
Examiner Name	
Attorney Docket Number	14396

I hereby appoint:							
	s at Customer Num	nber:	00293				
OR		<u> </u>					
X Practitioner	(s) named below:						
	N	Name			Registration	n Number	
Ralph	A. Dowel	1		26868			
	C. Schuma			36413			
	E, Hill			41564			
Mande	M Clade			53604			
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City		Arlingto	n	State	VA	210	22202
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Telephone	·	703 415	2555	1.00	703	413 23	
Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
		SIGNATU	RE of Applicar	nt or Assignee o	of Record		
Name Jenshong Hong							
Signature							
Date					Telephon		
NOTE: Signatures forms if more than	of all the inventors of one signature is requ	r assignees of record of uired, see below*.	the entire interest	t or their representa	ative(s) are require	ed. Submit multipl	8
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I hereby appoint:  X Practitioners	at Customer Number:	00293					
OR							
X Practitioner(s) named below:							
	Name		Registration Nu	ımber			
Ralph	A. Dowell	26868	26868				
Lynn (	. Schumacher	36413					
Nancy	E. Hill	41564	41564				
Wendy		53604					
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Txl Fim or Ralph A. Dowell							
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Address	1	erson Davis Hid	ghway				
City	Arlington	State	VA	Zip 22202			
Country	US						
Telephone	703 415 2	555 Fax	703 41	5 2559			
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name Robert M. Pilliar							
Signature							
Date			Telephone				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
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